

(Enclosure 6)

HFP/C-CHIP Dental Benefits and Co-Payments for:

Name

Please fill in name and the C-CHIP shaded columns

HFP Dental Benefit	HFP Copay for Dental Benefit	C-CHIP Dental Benefit Provided (yes/no)	C-CHIP Copay for Dental Benefit
Diagnostic and Preventative Services	\$0		\$
Restorative Dentistry	\$0		\$
Oral Surgery	\$0		\$
Removal of impacted teeth – Soft tissue impaction	\$0		\$
Removal of impacted teeth – Bony tissue impaction (per tooth)	\$5		\$
Endodontics	\$0		\$
Root canal-therapy (per canal)	\$5		\$
Apicoectomy with root canal (per canal)	\$5		\$
Periodontics	\$0		\$
Osseous or musco-gingival Surgery (per quadrant)	\$5		\$
Gingivectomy	\$0		\$
Crowns and Fixed Bridges	\$0		\$
Porcelain crowns, porcelain fused to metal crowns; full metal crowns; gold onlays or ¾ crown	\$5		\$
Pontics	\$5		\$
Removable Prosthetics	\$0		\$
Dentures (complete maxillary, complete mandibar, partial acrylic upper or lower with clasps, partial upper or lower with chrome cobalt alloy lingual or palatal bar, clasps and acrylic saddles)	\$5		\$

Reline upper, lower or partial denture: Office reline	\$0		\$
Laboratory reline	\$5		\$
Denture duplication	\$5		\$
Other Dental Benefits	\$0		\$